

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT #

197-919

1. Limited Liability Company's Name

CAPITAL INVESTMENTS WEST LLC

2. Principal Office Address

8925 NW 26TH ST  
MIAMI FLORIDA 33172-143

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

Country

33172-1613

USA

Zip

Country

4. State/Country of Formation

MIAMI

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

65-0792112

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

900003478949

-11/28/00--01038--005

\*\*\*\*\*50.00 \*\*\*\*\*50.00

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	SIMON GARFINKEL	27 WINDERMERE WAY WOODHURST N.Y. 11797	
	SERGIO GROBLER	10825 SOUTHWEST 74TH COURT	PINE CREST FL 33156

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager